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APPROVED
for
PTO DEPOSIT ACCOUNT CHARGE
ACCOUNT#04-1700
DUNLAP, CODDING & ROGERS, P.C.
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Express Mail Number: EL988726758US
Date Deposited: 03/22/2004

PTO/SB/05 (11-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. 390.032 First Inventor John P. Scaramucci Title VALVE WITH PRESSURE ADAPTABLE SEAT Express Mail Label No. EL988726758US	
(Only for new nonprovisional applications under 37 CFR 1.53(b))			

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Mail Stop Patent Appl., Comm. for Patents PO Box 1450 Alexandria, VA 22313-1450
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1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i> 2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification [Total Pages 19] <i>(preferred arrangement set forth below)</i> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description -Redline Specification ____ pgs - Claim(s) -Clean Specification ____ pgs - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 6] 5. Oath or Declaration [Total Pages] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <i>(for continuation/divisional with Box 18 completed)</i> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i> 8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies
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ACCOMPANYING APPLICATION PARTS
9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input checked="" type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i> 11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other:

18. This application is:

☐ Continuation
 ☐ Divisional
 ☐ Continuation-in-part (CIP)

Prior application information: Examiner: of prior application No.: / Group Art Unit:

☐ As a CON, DIV, or CIP, this application contains one or more changes to (1) the specification; (2) drawings; or (3) claims in the above-identified prior application. A red-line version of the application showing these changes will be made available to the examiner upon request.

19. CORRESPONDENCE ADDRESS					
<input checked="" type="checkbox"/> Customer Number or Bar Code Label 30589 <i>(Insert Customer No. or Attach bar code label here)</i>		or <input type="checkbox"/> Correspondence address below			
Name Dunlap, Coddling & Rogers, P.C.					
Address P. O. Box 16370					
City	Oklahoma City	State	OK	Zip Code	73113
Country	USA	Telephone	(405) 607-8600	Fax	(405) 607-8686

Name (Print/Type)	Nicholas D. Rouse	Registration No. (Attorney/Agent)	36,992
Signature	<i>Nicholas D. Rouse</i>	Date	3-22-04

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PTO/SB/17 (10-03)

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DUNLAP CODDING & ROGERS, P.C.

FEE TRANSMITTAL for FY 2004

Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$) 513

Complete if Known

Application Number	Not Yet Assigned
Filing Date	Herewith
First Named Inventor	John P. Scaramucci
Examiner Name	
Art Unit	
Attorney Docket No.	390.032

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None
☒ Deposit Account:
 Deposit
Account
Number
Deposit
Account
Name

04-1700

 Dunlap, Coddling & Rogers, P.C.
Customer No. 30589

The Commissioner is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments
☒ Charge any additional fee(s) during the pendency of this application
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee	385
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1)			(\$) 385

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
25	20** = 5	9 X 9	\$45
Independent Claims	4 - 3 ** = 1	43 X 43	\$43
Multiple Dependent			\$0

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1202 18	2202 9	Claims in excess of 20	
1201 86	2201 43	Independent claims in excess of 3	
1203 290	2203 145	Multiple dependent claim, if not paid	
1204 86	2204 43	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)			(\$) 88

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130	Non-English specification	
1812 2,520	1812 2,520	For filing a request for ex parte reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	
1252 420	2252 210	Extension for reply within second month	
1253 950	2253 475	Extension for reply within third month	
1254 1,480	2254 740	Extension for reply within fourth month	
1255 2,010	2255 1,005	Extension for reply within fifth month	
1401 330	2401 165	Notice of Appeal	
1402 330	2402 165	Filing a brief in support of an appeal	
1403 290	2403 145	Request for oral hearing	
1451 1,510	1451 1,510	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive - unavoidable	
1453 1,330	2453 665	Petition to revive - unintentional	
1501 1,330	2501 665	Utility issue fee (or reissue)	
1502 480	2502 240	Design issue fee	
1503 640	2503 320	Plant issue fee	
1460 130	1460 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)	
1806 180	1806 180	Submission of Information Disclosure Stmt	
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	40
1809 770	2809 385	Filing a submission after final rejection (37 CFR 1.129(a))	
1810 770	2810 385	For each additional invention to be examined (37 CFR 1.129(b))	
1801 770	2801 385	Request for Continued Examination (RCE)	
1802 900	1802 900	Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 40

SUBMITTED BY

(Complete if applicable)

Name (Print/Type)	Nicholas D. Rouse	Registration No. (Attorney/Agent)	36,992	Telephone	(405) 607-8600
Signature	<i>Nicholas D. Rouse</i>	Date	03/22/2004		

 Mail Stop Patent Application
 Commissioner for Patents
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PATENT APPLICATION FEE DETERMINATION RECORD						Application or Docket Number 390.032	
CLAIMS AS FILED - PART I						SMALL ENTITY - OR OTHER THAN SMALL ENTITY	
(Column 1)		(Column 2)		(Column 3)		(Column 4)	
FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE	RATE	FEE	OR
BASIC FEE (37 CFR 1.16(a))				\$ 385		\$ 0	OR
TOTAL CLAIMS (37 CFR 1.16(c))	25	minus 20 = * 5	x \$ 9 =	45	x \$ 18 =	0	OR
INDEPENDENT CLAIMS (37 CFR 1.16(b))	4	minus 3 = * 1	x 43 =	43	x 86 =	0	OR
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))	0		+ 140 =	0	+ 280 =	0	OR
TOTAL			473	TOTAL		0	OR
CLAIMS AS AMENDED - PART II						SMALL ENTITY - OR OTHER THAN SMALL ENTITY	
(Column 1)		(Column 2)		(Column 3)		(Column 4)	
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI-TIONAL FEE	RATE	ADDI-TIONAL FEE
Total (37 CFR 1.16(c))	*	Minus	** 20	x \$ 9 =	0	x \$ 18 =	0
Independent (37 CFR 1.16(b))	*	Minus	*** 3	x 43 =	0	x 86 =	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ 140 =	0	+ 280 =	0
TOTAL			0	TOTAL		0	OR
(Column 1)		(Column 2)		(Column 3)		(Column 4)	
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI-TIONAL FEE	RATE	ADDI-TIONAL FEE
Total (37 CFR 1.16(c))	*	Minus	**	x \$ 9 =	0	x \$ 18 =	0
Independent (37 CFR 1.16(b))	*	Minus	***	x 43 =	0	x 86 =	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ 140 =	0	+ 280 =	0
TOTAL			0	TOTAL		0	OR
(Column 1)		(Column 2)		(Column 3)		(Column 4)	
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI-TIONAL FEE	RATE	ADDI-TIONAL FEE
Total (37 CFR 1.16(c))	*	Minus	**	x \$ 9 =	0	x \$ 18 =	0
Independent (37 CFR 1.16(b))	*	Minus	***	x 43 =	0	x 86 =	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ 140 =	0	+ 280 =	0
TOTAL			0	TOTAL		0	OR

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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